

TDMHMR Consensus Conference on Children's Mental Health: The National Context

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A Very Brief History of Childhood

- **1st English book on Pediatrics: The Boke of Chyldren, Thomas Phaire (1544)**
- **Listed “perilous diseases”: “apostume of the brayne” (i.e., meningitis), bad dreams, and colic.**

How childhood was segregated

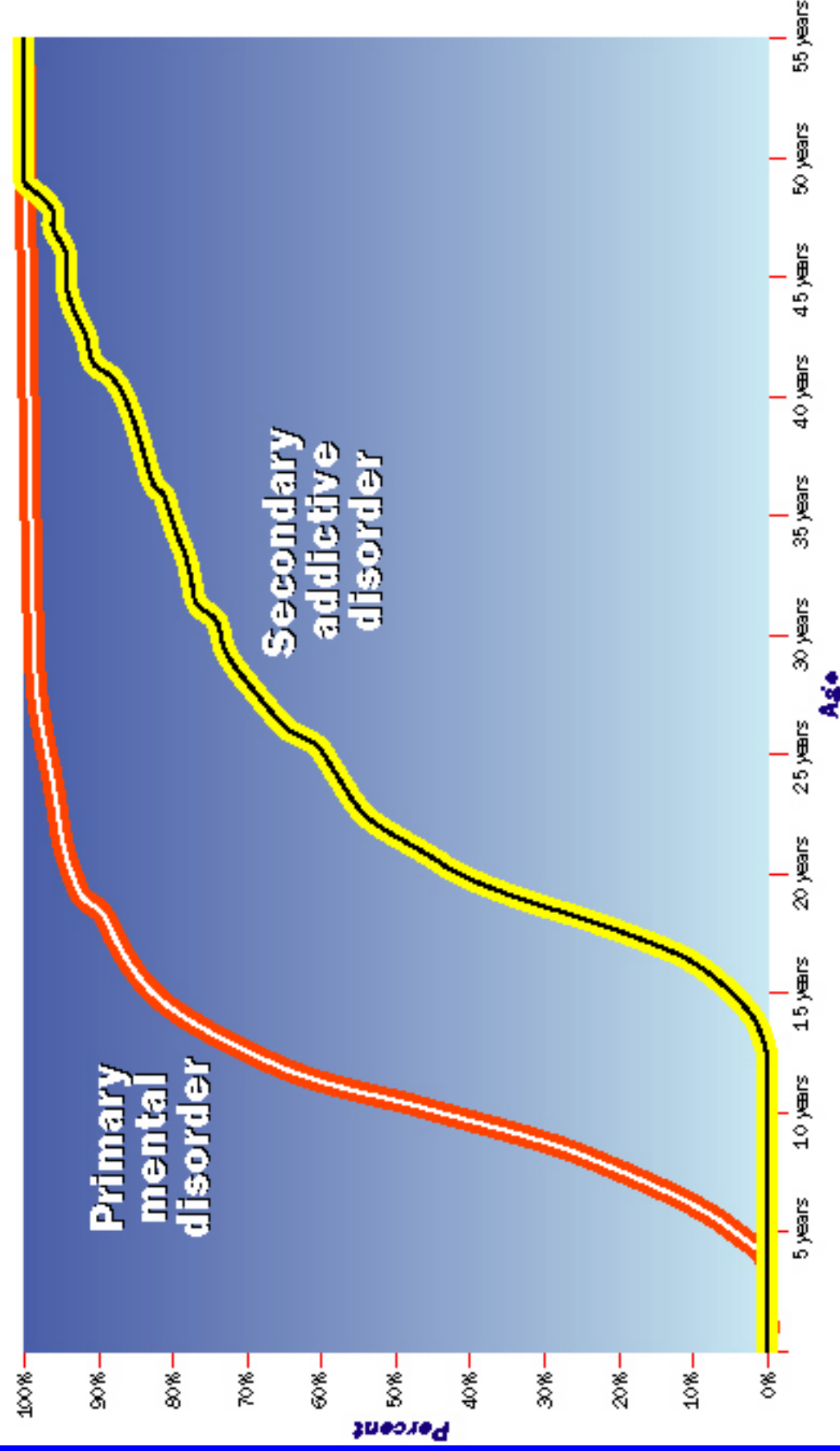
- From Neal Postman: “Segregation of childhood from adulthood became most prominent after the Middle Ages and was generatedby technological advances that created literate and non-literate peoples. Literacy became the route to knowledge, wealth, power, and secrecy—and it was only once children were able to read that they became privy to this insider’s world.” (Postman, *The Disappearance of Childhood*, 1992)

Childhood health and illness

- First textbook on pediatric health: late 19th century
- First English language text on child psychiatry: 1935
- Pediatric brain imaging bank: 2000

Opportunity for preventing comorbid disorder

Cumulative age of onset distributions of first lifetime mental disorder and first lifetime addictive disorder in the subsample of respondents with lifetime co-occurrence of a primary mental disorder and a secondary addictive disorder



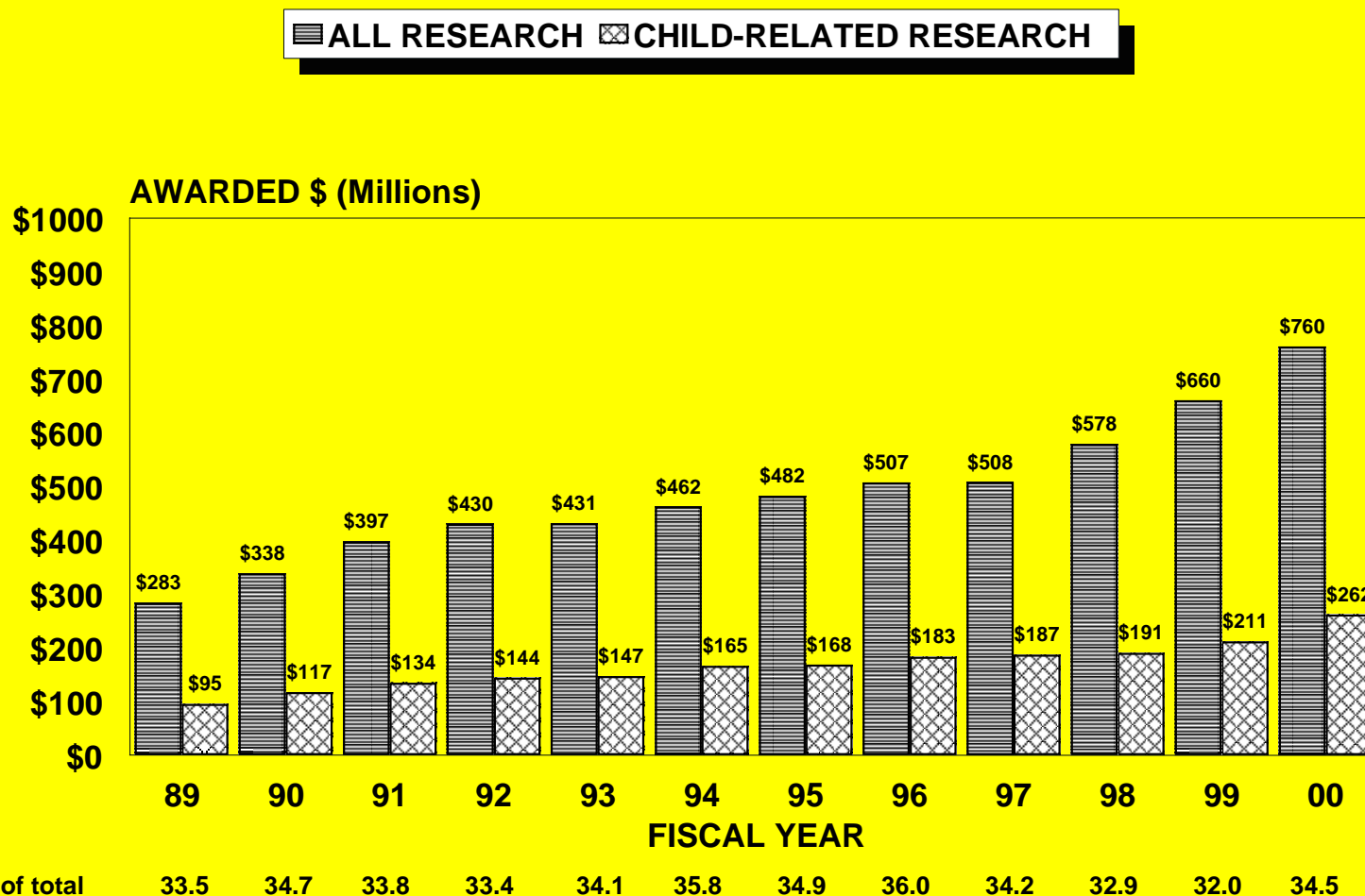
A Brief History of Services for Children

- **Knitzer: Unclaimed Children. Community-based care movement (1986)**
- **Systems of Care Monograph (1986) and CASSP**
- **Research support at NIMH triples between 1989-2001**
- **Systems of Care studies (Fort Bragg & Stark County—1996-99)**
- **Meta-analyses of psychotherapies (1995-)**

NIMH Research & Training Grants

Fiscal Years 1989 - 2000

By Awarded Amount



History (cont'd)

- **Surgeon General's Reports (1999; 2000; 2001**
- **Evidence-based practice movement (1995 to the present)**
 - **State activities**
 - **NASMHPD**
 - **Foundation initiatives**
- **Deployment-focused Model (DFM) (Weisz) to accelerate research to practice translation**

The Rise in Popularity of the term ‘Evidence-Based’

(from Medline)

	EBT	EBP	EBM
1900-1990	0	0	0
1990-1995	3	7	76
1995-2002	63	459	5,425

Current Federal, State & Foundation Initiatives on EBPs

- **22 Federal agencies list EBPs on webpages**
- **NASMHPD leadership—10 states +**
- **NIMH: dissemination-implementation of EBPs; state planning grants on EBPs**
- **Maternal and Child Health + Robt. Wood Johnson Fdn nurse visitation models, 47 states**
- **Casey Fdn: FFT, MST, TFC**
- **Macarthur Fdn Youth Mental Health Initiative**

12 Major Reviews of Evidence-based Interventions (1998-2003)

- **Chambless & Hollon (1998)** Defining empirically-supported therapies. *Journal of Consulting & Clinical Psychology*
- **Surgeon General's Mental Health Report, 1999**
- **Weisz & Jensen (1999)** Review of psychosocial and psychopharm treatments *Mental Health Services Research*
- *Journal of the Am. Academy of Child/Adol. Psychiatry*, 1999
- **Olds et al., (1999)** Review of Preventive Interventions, Center for Mental Health Services
- **Burns, Hoagwood, & Mrazek (2000)** Effective treatments for mental disorders in children and adolescents, *Child Clinical and Family Psych Rvw*

A Dozen Reviews (cont'd)

- **Rones & Hoagwood (2000)** School based mental health services review. *Clinical Child & Fam Psych Rvw*
- **Kazdin (2000)** *Psychotherapy for children and adolescents*. Oxford University Press
- **Greenberg, et al., (2001)** Prevention of mental disorders in school-aged children. *Prevention & Treatment*
- **Surgeon General's Youth Violence Report, 2001**
- **Burns & Hoagwood (2002)** *Community treatments for youth*. Oxford University Press
- **Weisz (2003)** *Psychotherapy for Children and Adolescents: Evidence-based treatments and case examples*. Cambridge University Press

Strength of the evidence

- **More than 1500 published clinical trials on outcomes of psychotherapies for youth**
- **6 meta-analyses of their effects**
- **More than 300 published clinical trials on safety/efficacy of psychotropic medications**
- **Approx 50 field trials of community-based services**
- **47 effective school-based interventions cited by Rones & Hoagwood (2000)**
- **34 effective preventive interventions cited by Greenberg et al, 2001**

Challenge: Closing the research
to practice gap

Strategies for Closing the Research to Practice Gap

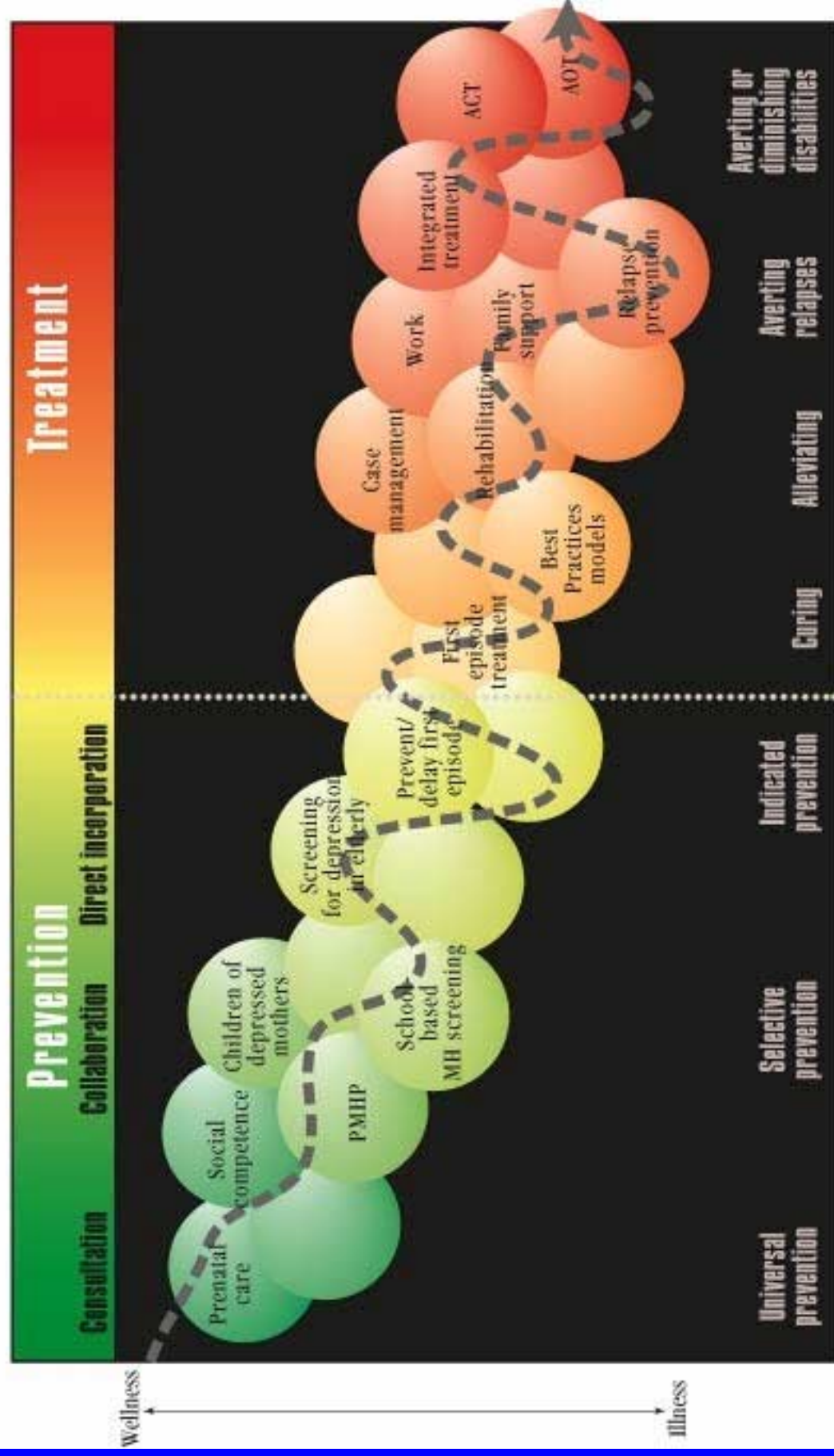
- **Definitional consistency—MacArthur Youth Mental Health Initiative (Chair: Weisz)**
- **New treatment development models—from the ground up (DFM of Weisz)**
- **Adaptation & distillation: Hawaii Experiment (Chorpita)**
- **Applying behavior change theory to improve provider practices (Jensen)**
- **New methodologies: evidence farming (Duan)**
- **Modeling and reviewing effective services (Burns, Evans, Weist)**

Studying implementation processes

- Academic detailing for guideline implementation (Bickman)
- Teacher opinion leaders + social diffusion (Atkins)
- Transportability studies (Schoenwald, Henggeler, Burns)
- Cascading dissemination (Chamberlin, Landsverk)
- C-MAP (Crismon, Hughes, Emslie, Pliszka, Toprac & Lopez)
- Organizational readiness (MacArthur; NYS)
- Parent empowerment (Hoagwood, Jensen, McKay, Bickman)
- Family engagement studies (McKay)

Intervention	Practitioner	Client	Service Delivery	Organization	Service System
Nature of intervention theory	Specialized training	Nature of referral problems	Frequency of sessions	Structure, hierarchy	Policies of referral source, pay
Focus of intervention	Adherence monitoring	Family context	Length of sessions	Personnel policies	Financing methods
Intervention specification Manual?	Supervisor/ Researcher	Source of referral	Physical location of sessions	Organizational culture	Legal mandate for referrals
Similarity of int to std practice	Training of practitioner	Age and developmental status	Source of payment	Organizational climate	Interagency working relationship
Complexity of intervention	Endorsement of intervention	Gender		Organizational mission	
Clarity of intervention	Salary level/ Criteria for increases	Ethnicity/ cultural iden		Organizational mandates	<i>Schoenwald & Hoagwood, 2001</i>

Opportunities for prevention and early intervention



Closing thoughts

- You cannot cross a chasm in two small leaps

Evel Knievel



“You cannot cross a chasm
in two small leaps.”

Evil Kneivel

Smoller's paper on the etiology and treatment of childhood

- Viewed childhood as a syndrome
- Clinical features: congenital onset, dwarfism, emotional lability and immaturity, knowledge deficits
- Childhood is almost always present at birth but may go undetected for years

Etiology and treatment of childhood (cont'd)

- Sociological model: most children are unemployed
- Biological model: childhood runs in families

Implications for the structure of thought

- “New technologies alter the structure of our interests: the things we think *about*. They alter the character of our symbols: the things we think *with*. And they alter the nature of community: the arena in which thoughts develop.” (Neil Postman, Technopoly, p. 20)

DEPLOYMENT FOCUSED MODEL (Weisz, 2003)

- Step 1:** Theoretically and clinically-informed construction, refinement, and manualizing of the protocol within the context of the practice setting where it is ultimately to be delivered
- Step 2:** Initial efficacy trial under controlled conditions to establish potential for benefit
- Step 3:** Single-case applications in practice setting with progressive adaptations to the protocol
- Step 4:** Initial effectiveness test, modest in scope and cost
- Step 5:** Full test of the effectiveness under everyday practice conditions, including cost effectiveness
- Step 6:** Effectiveness of treatment variations, effective ingredients, core potencies, moderators, mediators, and costs
- Step 7:** Assessment of goodness-of-fit within the host organization, practice setting, or community
- Step 8:** Dissemination, quality, and long-term sustainability studies within new organizations or practice settings